Supplement to:
RY2009 EOHHS Technical Specifications Manual for Appendix G Measures Reporting (2.1)

Appendix A-15:

Data Dictionary for MassHealth Identifier Crosswalk File

MassHealth Identifier Crosswalk File Data Dictionary
Table of Contents

Data Dictionary Notes:

- Underlined text in version 2.1 indicates an update has been inserted.
- Bold italic font reflect updates in version 2.0 that did not change.
- The data elements contained in the MassHealth Identifier Crosswalk data file are required to supplement the Pneumonia (PN) and Surgical Care Infection Prevention (SCIP) measures only.

Data Element Name: *Admission Date*

Collected For: All MassHealth Records

Definition: The month, day, and year of admission to acute inpatient care.

Suggested Data Collection Question: What is the date the patient was admitted to acute inpatient care?

Format:

Length:	10 – MM-DD-YYYY (includes dashes)
Type:	Date
Occurs:	1

Allowable Values:

MM =	Month (01-12)
DD =	Day (01-31)
YYYY =	Year (2000 – 9999)

Notes for Abstraction: Because this data element is critical in determining the population for many measures, the abstractor should **not** assume that the claim information for the admission date is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct admission date through chart review, she/he should default to the admission date on the claim information.

A patient of a hospital is considered an inpatient upon issuance of written doctors orders to that effect.

Clarification for 04/01/2008 discharges
For patients who are admitted to Observation status and subsequently admitted to acute inpatient care, abstract the date that the determination was made to admit to acute inpatient care and the order was written. Do not abstract the date that the patient was admitted to Observation.

For patients that are admitted for surgery and/or a procedure, if the admission order states the date the orders were written and they are effective for the surgery/procedure date, then the date of the surgery/procedure would be the admission date. If the medical record reflects that the admission order was written prior to the actual date the patient was admitted and there is no reference to the date of the surgery/procedure, then the date the order was written would be the admission date.

Suggested Data Sources: Face sheet
Physician orders

Guidelines for Abstraction:

Inclusion	Exclusion
None	Admit to observation Arrival date

Data Element Name: *Birthdate*

Collected For: All MassHealth Records

Definition: The month, day, and year the patient was born.

NOTE: Patient's age (in years) is calculated by *Admission Date* minus *Birthdate.* The algorithm to calculate age must use the month and day portion of admission date and birthdate to yield the most accurate age**.**

Suggested Data Collection Question: What is the patient's date of birth?

Format:
Length: 10 – MM-DD-YYYY (includes dashes)
Type: Date
Occurs: 1

Allowable Values:
MM = Month (01-12)
DD = Day (01-31)
YYYY = Year (1880 – 9999)

Notes for Abstraction: Because this data element is critical in determining the population for many measures, the abstractor should **not** assume that the claim information for the birthdate is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct birthdate through chart review, she/he should default to the date of birth on the claim information.

Suggested Data Sources:
Emergency department record
Face sheet
Registration form

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Case Identifier*

Collected For: All MassHealth Records

Definition: A measurement system-generated number that uniquely identifies an episode of care. This identification number should be used by the performance measurement system in order to allow the health care organization to link this Case Identifier to a specific episode of care.

Suggested Data Collection Question: What is the unique measurement system-generated number that identifies this episode of care?

Format:
Length: 9
Type: Numeric
Occurs: 1

Allowable Values: Values greater than zero (0) assigned by the system.

Notes for Abstraction: None

Suggested Data Sources: Unique measurement system generated number

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Discharge Date*

Collected For: All MassHealth Records

Definition: The month, day, and year the patient was discharged from acute care, left against medical advice (AMA), or expired during this stay.

Suggested Data Collection Question: What is the date the patient was discharged from acute care, left against medical advice (AMA), or expired during this stay?

Format:

Length:	10 – MM-DD-YYYY (includes dashes)
Type:	Date
Occurs:	1

Allowable Values:

MM =	Month (01-12)
DD =	Day (01-31)
YYYY =	Year (2000 – 9999)

Notes for Abstraction: Because this data element is critical in determining the population for many measures, the abstractor should **not** assume that the claim information for the discharge date is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct discharge date through chart review, she/he should default to the discharge date on the claim information.

Suggested Data Sources:
Discharge summary
Face sheet
Nursing discharge notes
Physician orders
Progress notes
Transfer note

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Episode of Care*

Collected For: All MassHealth Records

Definition: The code for the measure set submitted.

Suggested Data Collection Question: What is the measure set for which data is being submitted?

Format:

Length:	22
Type:	Alphanumeric
Occurs:	1

Allowable Values:

CAC-1a	Inpatient Use of Relievers
CAC-2a	Inpatient Use of Corticosteroids
MAT-1	Intrapartum Antibiotic Prophlyaxis for GBS
MAT-2	Perioperative Antibiotics for Cesarean Section
NICU-1	Administration of Antenatal Steroids
PN	Community Acquired Pneumonia
SCIP	Surgical Care Infection Prevention

Notes for Abstraction: None.

Suggested Data Sources: Not Applicable

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Ethnicity (DHCFP)*

Collected For: All MassHealth Records

Definition: Documentation of the patient's ***self-reported*** ethnicity as defined by Massachusetts DHCFP regulations.

Suggested Data Collection Question: ***What is the patient's self-reported ethnicity?***

Format:
Length: 6
Type: Alphanumeric
Occurs: 1

Allowable Values: Select one:

Code	Allowable Value	Code	Allowable Value
2060-2	African	**2071-9**	Haitian
2058-6	African American	**2158-4**	Honduran
AMERCN	American	**2039-6**	Japanese
2028-9	Asian	**2040-4**	Korean
2029-7	Asian Indian	**2041-2**	Laotian
BRAZIL	Brazilian	**2148-5**	Mexican, Mexican American, Chicano
2033-9	Cambodian	**2118-8**	Middle Eastern
CVERDN	Cape Verdean	**PORTUG**	Portuguese
CARIBI	Caribbean Island	**2180-8**	Puerto Rican
2034-7	Chinese	**RUSSIA**	Russian
2169-1	Columbian	**2161-8**	Salvadoran
2182-4	Cuban	**2047-9**	Vietnamese
2184-0	Dominican	**2155-0**	Central American (not specified)
EASTEU	Eastern European	**2165-9**	South American (not specified)
2108-9	European	**OTHER**	Other Ethnicity
2036-2	Filipino	**UNKNOW**	Unknown/not specified
2157-6	Guatemalan		

The Massachusetts DHCFP codes and allowable values for ethnicity listed above differ significantly from ones required for National Hospital Quality Measures reporting. Hospitals must use the DHCFP ethnicity codes and allowable valuables when preparing all MassHealth data files for submission.

Notes for Abstraction:

Only collect ethnicity data that is self-reported by the patient. Do not abstract a clinician's assessment documented in the medical record.

If numeric code is used, include the hyphen after the fourth number.

If the medical record contains conflicting documentation on patient self-reported ethnicity, abstract the most recent dated documentation.

If codes and allowable values, other than those listed above, are documented in the medical record, a crosswalk that links the hospitals' codes/values to the DHCFP requirements must be provided for chart validation.

Suggested Data Sources:

Administrative record
Face sheet (Emergency Department / Inpatient)
Nursing admission assessment
Prenatal initial assessment form

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *First Name*

Collected For: All MassHealth Records

Definition: The patient's first name.

Suggested Data Collection Question: What is the patient's first name?

Format:
Length: 30
Type: Alphanumeric
Occurs: 1

Allowable Values: Enter the patient's first name.

Notes for Abstraction: None

Suggested Data Sources: Emergency department record
Face sheet
History and physical

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Hispanic **Indicator** (DHCFP)*

Collected For: All MassHealth Records

Definition: Documentation that the patient self-reported as Hispanic, Latino, or Spanish.

Suggested Data Collection Question: ***Is there documentation that the patient self-reported as Hispanic, Latino, or Spanish?***

Format:

Length:	1
Type:	Alpha
Occurs:	1

Allowable Values:

Y (Yes)	Patient self-reported as Hispanic / Latino / Spanish.
N (No)	Patient did not self-report as Hispanic / Latino / Spanish or unable to determine from medical record documentation.

Notes for Abstraction: ***Only collect data that is self-reported by the patient. Do not abstract a clinician's assessment documented in the medical record.***

If the medical record contains conflicting documentation on patient self-reported Hispanic Indicator, abstract the most recent dated documentation.

Suggested Data Sources: ***Administrative records***
Face sheet (Emergency Department / Inpatient)
Nursing admission assessment
Prenatal initial assessment form

Guidelines for Abstraction:

Inclusion	Exclusion
The term "Hispanic" or "Latino" can be used in addition to "Spanish origin" to include a person of Cuban, Puerto Rican, Mexican, Central or South American, or other Spanish culture or origin regardless of race.	None

Data Element Name: *Hospital Bill Number*

Collected For: All MassHealth Records

Definition: The unique number assigned to each patient's bill that distinguishes the patient and their bill from all others in that institution as defined by Massachusetts DHCFP.

Suggested Data Collection Question: What is the patient's hospital bill number?

Format:
Length: 20
Type: Alphanumeric
Occurs: 1

Allowable Values: Values greater than zero (0) assigned by the hospital.

Notes for Abstraction: None

Suggested Data Sources: Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Hospital Patient ID Number*

Collected For: All MassHealth Records

Definition: ***The identification number used by the Hospital to identify this patient.***

Suggested Data Collection Question: What is the patient's hospital patient identification number?

Format:
Length: 40
Type: Alphanumeric
Occurs: 1

Allowable Values: Up to 40 letters and / or numbers

Notes for Abstraction: ***When abstracting this data element for a crosswalk file, the data in this field must match the hospital patient ID number submitted in the corresponding clinical measure file.***

Suggested Data Sources: ***Administrative record***
Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Last Name*

Collected For: All MassHealth Records

Definition: The patient's last name.

Suggested Data Collection Question: What is the patient's last name?

Format:
Length: 60
Type: Alphanumeric
Occurs: 1

Allowable Values: Enter the patient's last name.

Notes for Abstraction: None

Suggested Data Sources: Emergency department record
Face sheet
History and physical

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Payer Source (DHCFP)*

Collected For: All MassHealth Records

Definition: Source of payment for services provided to the patient as defined by the Massachusetts DHCFP regulations.

Suggested Data Collection Question: What is the DHCFP assigned Payer Source code?

Format:
Length: 3
Type: Alphanumeric
Occurs: 1

Allowable Values:
103 Medicaid - includes MassHealth
104 Medicaid Managed Care - Primary Care Clinician (PCC) Plan

Notes for Abstraction:

The MassHealth population covered by the Acute Hospital RFA are those members where Medicaid is the primary payer, or when no other insurance is present.

Members enrolled in any of the four MassHealth managed care plans are excluded.

The Massachusetts Medicaid payer code definitions used by the Division of Healthcare Finance and Policy (DHCFP) differ slightly from the national hospital quality reporting. Hospitals must use the DHCFP Medicaid payer source codes when preparing the MassHealth payer data files for submission.

Suggested Data Sources: Face sheet (Emergency Department / Inpatient)

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Provider ID*

Collected For: All MassHealth Records

Definition: ***The provider's seven digit acute care Medicaid or six digit Medicare provider identifier.***

Suggested Data Collection Question: ***What is the provider's seven digit acute care Medicaid or six digit Medicare provider identifier?***

Format:
Length: ***7***
Type: Alphanumeric
Occurs: 1

Allowable Values: ***Any valid seven digit Medicaid or six digit Medicare provider ID.***

Notes for Abstraction: ***When abstracting this data element for a crosswalk file, the data in this field must match the provide ID number submitted in the corresponding clinical measure file.***

Suggested Data Sources: ***Administrative record***

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Race (DHCFP)*

Collected For: All MassHealth Records

Definition: Documentation of the patient's ***self-reported*** race as defined by the Massachusetts DHCFP regulations.

Suggested Data Collection Question: ***What is the patient's self-reported race?***

Format:
Length: 6
Type: Alphanumeric
Occurs: 1

Allowable Values: Select one:

Code	***Allowable Values***
R1	American Indian or Alaska Native:
R2	Asian:
R3	Black / African American:
R4	Native Hawaiian or other Pacific Islander:
R5	White.
R9	Other Race:
UNKNOW	Unknown / not specified:

The Massachusetts DHCFP codes and allowable values for race listed above differ significantly from ones required for National Hospital Quality Measures reporting. Hospitals must use the DHCFP race codes and allowable valuables when preparing all MassHealth data files for submission.

Notes for Abstraction: ***Only collect race data that is self-reported by the patient. Do not abstract a clinician's assessment documented in the medical record.***

If the medical record contains conflicting documentation on patient self-reported race, abstract the most recent dated documentation.

If codes and allowable values, other than those listed above, are documented in the medical record, a crosswalk that links the hospitals' codes/values to the DHCFP requirements must be provided for chart validation.

Suggested Data Sources: ***Administrative records***
Face sheet (Emergency Department / Inpatient)
Nursing admission assessment
Prenatal initial assessment form

Guidelines for Abstraction:

Inclusions	Exclusion
• **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliations or community attachment, e.g. any recognized tribal entity in North and South America (including Central America), Native American. • **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. • **Black / African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro", can be used in addition to "Black or African American". • **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the other original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, e.g., Caucasian, Iranian, White. • **Other Race:** A person having an origin other than what has been listed above. • **Unknown:** Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).	None

Data Element Name: *RID Number*

Collected For: All MassHealth Records

Definition: The patient's MassHealth recipient identification number.

Suggested Data Collection Question: What is the patient's MassHealth recipient identification number?

Format:
Length: 10
Type: Alphanumeric
Occurs: 1

Allowable Values:
Any valid recipient identification (RID) number
Alpha characters must be upper case
No embedded dashes or spaces or special characters

Notes for Abstraction: The abstractor should **not** assume that the claim information for the patient's RID number is correct. If the abstractor determines through chart review that the RID number is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct RID number through chart review, she/he should default to the RID number on the claim information.

Suggested Data Sources:
Emergency department record
Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Social Security Number*

Collected For: All MassHealth Records

Definition: The social security number (SSN) assigned to the patient.

Suggested Data Collection Question: What is the patient's social security number?

Format:
Length: 9 (no dashes)
Type: Alphanumeric
Occurs: 1

Allowable Values:
Any valid social security number
Alpha characters must be upper case
No embedded dashes or spaces or special characters

Notes for Abstraction: The abstractor should **not** assume that the claim information for the social security number is correct. If the abstractor determines through chart review that the social security number is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct social security number through chart review, she/he should default to the social security number on the claim information.

Suggested Data Sources:
Emergency department record
Face sheet
Registration form

Guidelines for Abstraction:

Inclusion	Exclusion
None	None